



Occupational and Business Licensing  
555 Wright Way  
Carson City, Nevada 89711  
(775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

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**AFFIDAVIT OF COMPLETION OF  
OUT OF STATE DRIVER EDUCATION COURSE**

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_  
Street address City State Zip Code

Date of Birth \_\_\_\_\_ Date Course Completed \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ License Number \_\_\_\_\_

License issued by (list state and agency) \_\_\_\_\_

I, \_\_\_\_\_, as a licensed operator of the above listed school, certify  
Print school operator's name

that the classroom Driver Education course provided by the above listed school meets the  
requirements of Nevada Revised Statute 483.725 and Nevada Administrative Codes 483.7898,  
and 389.568, as designated in the attached copies.

\_\_\_\_\_  
Signature of school operator

\_\_\_\_\_  
Date